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- PREVIOUSLY SUBMITTED AMENDMENT - 7 pages; and

- FEE TRANSMITTAL (PTO/SB/17), in duplicate.

CUSTOMER NO.: 24498

Serial No.:

10/657,339

Docket No.:

PF020116

Art Unit:

2621

Examiner:

Y. Young Lee

TOTAL NUMBER OF PAGES INCLUDING THIS SHEET: 12

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Complete If Known Foes pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4918). 10/657.339 Application Number RANSMITTAL September 8, 2003 Filing Date Daniel Creusot CENTRAL FAX CENTER First Named Inventor Y. Young Lee Examiner Name Applicant claims small entity status. See 37 CFR 1.27 Art Unit PF020116 Attorney Docket No TOTAL AMOUNT OF PAYMENT 810.00 **CUSTOMER NUMBER: 24498** METHOD OF PAYMENT (check all that apply) □ None Other (please identify): ☐ Check ☐ Credit card ☐ Money Order THOMSON LICENSING LLC □ Deposit Account: Deposit Account Number <u>07-0832</u> Deposit Account Name: For the above-Identified deposit account, the Director is hereby authorized to: (check all that apply) ☐ Charge fee(s) indicated below, except for the filing fee □ Charge fee(s) indicated below Charge any additional fee(s) or underpayments of Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES** SEARCH FEES FILING FEES Small Entity Small Entity Small Entity Fee (5) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) **Application Type** Fee (\$) Fee (\$) 200 100 250 500 300 150 Utility 130 65 50 100 100 Design 200 80 160 300 150 200 100 **Plant** 300 250 600 500 300 150 Reissue 0 0 0 Ω 100 200 **Provisional** Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description 25 50 Each claim over 20 (including Relssues) 200 100 Each Independent claim over 3 (including Relssues) 180 360 Multiple dependent claims Multiple Dependent Claims Fee (\$) Fee Pald (\$) Extra Claims Total Claims Fee Paid (\$) - or HP = \$50 Fee (\$) HP = highest number of total dalms paid for, if greater than 20. Fee Paid (\$) Fee (\$) Extra Claims Independent Claims \$200 0 - or HP = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof, See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Fee Pald (\$) Number of each additional 50 or fraction thereof Fee (\$) Total Sheets Extra Sheets / 50 = (round up to a whole number) x - 100 = Fees Paid (\$) 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) - \$810.00 Other (e.g., late filing surcharge): FEE FOR RCE \$810.00 SUBMITTED BY

Registration No (Attorney/Agent) (609) 734-6820 RØBE B. LEVX 28,234 Telephone Nama (Print/Type) August 13, 2008 Signature

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FEE TRANSMITTAL				Filing Date	Septem	ber 8, 2003	CENTRAL FAX CEN
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				Examiner Name	Y. You	ng Lee	MUU 1 3 2000
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SUBMITTED BY		//	Registration No.				(600) 734-6930
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